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A STATEMENT IN RELATION TO THE UNITED STATES NAVAL
MEDICAL CORPS.

[THE following statement was presented to the American Medical Association at its last meeting, and is published in their volume of Transactions just issued. It was drawn up by Drs. W. M. Wood and N. Pinkney, Surgeons in the U. S. Navy, who were Delegates to the Association from the Naval Medical Corps.]

Believing it to be in accordance with the objects of this Association, we beg leave to lay before it certain facts in relation to that portion of the medical profession associated with the naval service, and which we have the honor to represent in the present assembly.

From the large number of persons who appear before the Naval Medical Examining Boards, and from the small proportion who are successful, it has been intimated that influence, independent of qualification, is essential to success. Such an impression is of course adverse to any efforts the Government Boards may make to elevate the profession, and its correction is due not only to the Boards, but to the profession at large.

The aid of influential friends is not necessary even to obtain a permission to appear before the Boards, but it is granted to all within the prescribed ages, disposed to enter the field of competition, without question as to political alliance or social position, but with the understanding that a limited number of appointments is to be made, and those alone can be successful who are found to be best qualified.

The Boards vary as to their individual composition; the selection of their members being made from such medical officers, sufficiently old in the service, as the public interests permit to be taken, from time to time, from other duties; and they are convened under a precept containing the following injunction:

"The attention of the Board will be directed to moral character, as well as to scientific and other attainments; and it will be its duty to make the examination full, minute and rigid."

From the limited number of medical officers, and the want of allowance for inefficient members in their corps, it becomes both the duty and interest of Boards to select only such as are physically competent to their duties:—hence, many may be set aside for essential reasons other than professional incompetency. Again, duties in the naval medical service

require a practical knowledge upon certain branches, not attained by many otherwise well informed in their profession. For instance—medical officers on board ship are often required to be their own apothecaries; and, in foreign countries, to select their medicines, when they must depend upon their practical acquaintance with drugs to select those of good quality. Deficiency in such knowledge excludes many.

For admission into the naval service, a fair preliminary education, and a knowledge of the branches strictly professional, are the nominal requirements; but from the amount of competition, higher attainments are necessary to secure success. Professional acquirements being equal, those persons would be selected who possessed in addition a knowledge of collateral sciences and of languages—relative position, a matter of importance; being decided according to the amount of professional and general information of the successful candidates. The mode of examination is as follows:—in the first place the applicant is required to reply to the following

“Circular to Candidates.”—For the information of the Board, you will state, in your own handwriting, the place of your birth, your age, the State of which you are a citizen, and the names of the institutions in which your general education has been acquired. If a graduate of arts, please state from what college you received your diploma. Besides English, what languages have you studied? If you have studied natural history, please state what branches.

“State the name of your medical preceptor, and the time devoted by you to the study of medicine. If a graduate, of what institution? What period of time have you devoted to practical anatomy or dissection? What opportunities have you had to witness the practice of medicine and surgery? What opportunity, if any, have you had to become acquainted with pharmacy and the physical properties of drugs?”

“You will state, on your honor, whether you are obnoxious to any hereditary disease whatever; especially whether any of your immediate family has suffered from pulmonary disease, epilepsy, insanity or paralysis; and you will also state whether your general health is good, and whether you are free from constitutional disease and local affection, such as hernia, &c. You will furnish satisfactory evidence that your moral and social habits and character are good.”

The reply to this circular not only furnishes the Board with the information asked by it, but gives some information as to the facility of composition and knowledge of orthography possessed by the candidates; and upon these points many fail. If the reply is satisfactory, the candidate is then furnished with a single sheet of foolscap, and a professional subject, upon which he is required to write in an apartment adjoining that of the Board's session.

The examinations upon surgery, materia medica and pharmacy, are partially practical—the candidate being required to apply various dressings and apparatus, to designate the medicines and preparations set before him unlabelled, and to write and compound prescriptions.

Before a recent Board, one gentleman defined a lotion to be “a kind

of application," and an evaporating lotion "one which does not evaporate." Another confessed his ignorance of the freezing and boiling points of water, and contended that knowledge upon such subjects was useless. One candidate determined castor oil to be the "oil of castor, an animal." Another located the solar plexus in the sole of the foot. All these were graduates.

The foregoing facts will, we think, sufficiently account for a large rejection, without invoking the inference of political disqualification.

In contradiction to the idea of the power of other influences than those of professional qualification, the results of the examinations show those to be most successful whose energies have been developed and faculties strengthened under a continued struggle with necessity and limited means; whilst too many, aided by influential friends, possessed of ample means and all the facilities these control, have been found unfaithful servants in the improvement of the talents placed at their disposal.

The medical corps of the navy, in its insulated position, has had devolved upon it the unpleasant responsibility of advocating against contending influences, its own interests, and the claims of the medical profession to respectability, assailed through the corps.

Until recently, it has been left as a portion of a military body, without any defined position, being dependent for its social standing, and the respect awarded its members, upon the individual and peculiar views of military superiors and associates; these were too frequently annoying to the medical officers and derogatory to the profession of which they are members.

After the long-continued and arduous efforts of the medical officers, the executive became assured of the injustice of their position, and by a general order issued August, 1846, they were assimilated in rank with medium classes of their military brethren; and certainly not placed in a higher comparative position than the profession of medicine can justly claim. The "order" merely defines position and confers no military authority. Opposition has, however, been made to this arrangement by a portion of the line, and at its instigation, an inquiry instituted upon the floor of Congress, with the view, it is believed, to attempt to revoke the position assigned medical officers in the navy.

Such is the existing state of interests, which we feel it our duty, through the medium of this Association, to bring to the notice of the profession of which we form a small and isolated portion.

DISEASE OF THE APPENDIX CÆCI CURED BY OPERATION.

At a late meeting of the Medical Society of London, Mr. Hancock, President of the Society, related the following case. It appeared to him, he said, to be of value, from its presenting a mode of treatment which might be advantageously pursued in certain stages and forms of mischief resulting from the presence of impacted *fæces* or foreign substances,

either in the cæcum or its appendix, which have hitherto for the most part, if not invariably, proved fatal. He said that abscesses of the abdomen, connected with the cæcum or large intestines, and attended with fluctuation, had, from time to time, been opened; but he was not acquainted with any instance in which an operation had been attempted under the circumstances detailed in the following case, and where the result had been so entirely satisfactory. In the cases recorded, the presence of fluctuation has proved the existence of matter, but the following detail will show that we should not always wait for this unequivocal sign. Patients do not always live until the disease has progressed thus far; they frequently sink and die without any further symptoms than those of inflammation of the part; and it is to this class of cases that the treatment here related appears most applicable.

I was requested, on Saturday, 15th April, 1848, to see a lady aged 30, in consultation with Dr. Chowne and Mr. Diamond. She was of delicate constitution, having been a seven months' twin. She, about twelve years since, received an injury to the spine whilst playing at cricket with her brothers, which confined her to her bed for about nine months. Eventually the only bad symptoms remaining, were partial paralysis of the lower intestines, so that the bowels were never effectually relieved without the aid of an enema, and severe occasional attacks of pain, for which she took large doses of laudanum. She married about five years after the receipt of the injury, and her pregnancies have always been attended throughout with violent sickness and ill health. In April, 1848, she was pregnant with her fifth child; the sickness had been most violent and distressing during the whole time, opium, hydrocyanic acid, and the usual remedies, failing to give her any relief. On the 3d, after riding out for an hour, she felt an unusual dragging and pain in the right side, obliging her to keep her bed, and to take opiates. On the 7th she was suddenly seized with labor, and delivered of a small male child six or seven weeks before the full time, which only lived about twenty hours. The next day (the 8th), whilst turning in bed, she felt a severe pain in the groin, as she described, as of something having snapped asunder, and from that time she continued to suffer greatly in the whole inguinal region; but as the pulse continued about 90, and there was no particular tenderness on pressure, nothing was done but the administration of sedatives. On the 10th, the pain was more acute, and a slight hard swelling could distinctly be traced high up in the inguinal region; bowels had been slightly relieved by the enema. Six leeches were applied over the spot, and subsequently warm fomentations, which were also applied over the labia, the lochia having ceased, and the urine being very scanty. She continued much the same until the 13th (a blister having been applied on the 11th); the cord-like swelling could now be felt more distinctly, and the tenderness extended over the whole abdomen. On the 14th, Dr. Chowne first saw her in consultation. Her tongue was brown; pulse about 90; tenderness and pain the same; bowels not relieved by the usual enema. A dose of six grains of calomel was prescribed for her, to be followed by three grains every

two hours, until she had taken twelve grains. At the end of twelve hours the bowels were only slightly acted upon by enema. Fomentations continued, with saline and opiate mixture. I first saw her on the 15th; she was then complaining of intense pain in the right inguinal region; could not bear any pressure on the part; the whole abdomen, which was tympanitic, was tender on pressure, but not sufficiently so to be very urgent. She had observed a swelling in this situation before her pregnancy; but previous to her confinement it had not caused her any uneasiness. From the slight examination which, on account of the soreness of the blister, I was enabled to make, I was disposed to suspect mischief about the cæcum or its appendix, but as the symptoms were not very urgent, it was agreed to continue the opiates, and apply poultices over the part until we met again on the 17th.

April 16th.—Not so well; pain more acute; more decided signs of peritonitis.

17th.—Much worse than when we last saw her. Her countenance anxious; nose pinched; pulse intermittent and running; sickness very troublesome; tongue brown in centre; had obtained no sleep, although thirty grains of the solution of bi-meconate of morphia had been given every three hours. Skin cold and clammy; complained of great pain and fits of shivering, which were most violent, and from their frequency had prevented her sleeping; bowels scarcely relieved by enema.

The blistered surface having healed up, a more decided examination could be made. The cord-like swelling already alluded to was more apparent, but too close to the spine of the ilium to be an inguinal hernia; there was also thickening and hardness extending outwards towards the ilium, where she complained most of pain. As she was evidently sinking, and the previous treatment had been of no avail, I proposed to make an incision from the spine of the ilium to the inner side of the internal abdominal ring over the hardened spot, so that if it were intestine or omentum, it could be freed; or if, as we thought more probable, matter had collected in the right iliac fossa, it could be let out, and thus give our patient a chance of recovery. This having been agreed to by Dr. Chowne and Mr. Diamond, who attended the case with me throughout; the patient was put under the influence of chloroform, and an incision about four inches long made inwards from the spine of the ilium above Poupart's ligament, but as close to it as possible. Upon opening into the abdomen, a quantity of excessively offensive turbid serum, with fibrinous flocculi, poured out, mixed with air globules, and also patches of false membrane. She was directed to be turned on her side, that the discharge might freely escape; a poultice to be applied, and to take an opiate.

We again saw her at 10 o'clock that evening:—her abdomen was then very tympanitic and painful; pulse 120; skin, however, warmer than before the operation; the wound has discharged very freely, the fluid being most offensive.

To take morphia with carbonate of ammonia every four hours, and to have a starch enema, with five drachms of sedative liquor of opium.

18th.—Better; has passed a more quiet night; wound discharges freely a turbid serous fluid; bowels have been relieved by enema. Tongue white; pulse 120; suffers from spasmodic twitchings of body. Abdomen very tender over the whole surface, and slightly swollen.

To continue the sedative draughts, each containing sixty minims of the solution of morphia, every three hours, with starch enema, with six drachms of solution of opium at night.

May 1st.—Has gone on favorably up to this date; the opiate enemata have been omitted, but the opiate draughts continued, with occasional small doses of calomel, which have greatly controlled the sickness. She has been allowed as much nourishment as she will take, but her appetite continues bad. She has also had wine, brandy, and bottled stout from time to time, the discharge being large in quantity, thin, watery, and very offensive; the abdomen has become soft and painless on pressure. To-day she is not so well, suffering great pain about the wound, which is inflamed, and the edges sloughy. Ordered warm fomentations to be applied continually over the whole surface of the abdomen.

2d.—Her sleep has been much disturbed by acute pain around the wound; discharge thinner, greenish, and very offensive. Upon carefully examining the wound, a small round ball of fecal matter, surrounded by calcareous deposit, was discovered, and upon further examination, a second piece excavated on one side, evidently forming a cup for the former piece, and which, from their size, I should imagine had been impacted in and escaped by ulceration from the appendix vermiformis. A large quantity of hard feculent matter passed per anum after the enema.

To continue the nourishing diet; and, as profuse perspirations have come on, to take disulphate of quinine, with sulphuric acid, and infusion of roses with opiate at bed-time. She got well from this date; the discharge gradually improving in quality.

In some remarks upon this case, Mr. Hancock referred to the frequency of operations on the abdomen of late, particularly in cases of ovarian disease, many of which had been successful. As far as he knew, the instance related was the only one on record of an operation of the kind, under the circumstances detailed. He should not argue, or draw general conclusions from a solitary case, but he thought that it, at all events, would justify us in having recourse to such a procedure in cases of peritonitis, when all other means had failed, and without which death was inevitable. He contended that the typhoid condition into which patients affected with peritoneal inflammation fell, did not depend upon the violence of the disease, but upon the acrid nature of the effused fluid, the removal of which he thought the only chance of saving the patient.—*Lancet*.

ENOCH HALE, M.D., M.M.S.S., A.A.S., &c.

[Communicated for the Boston Medical and Surgical Journal.]

DR. HALE died in this city, Sunday, the 12th inst., aged 58. He was born in West Hampton, in this State, and received his early education

there. He was of feeble health in early life, and had symptoms of grave pulmonary lesion, cough and hemoptysis being among these. For health he left home and went to New Haven, and there attended Prof. Silliman's lectures, and devoted himself to the study of chemistry. Returning home with his health much improved, he began the study of medicine with Dr. Hooker. He came to Boston, was a pupil of Drs. Bigelow and Warren, attended the lectures in the Med. College of Cambridge University, and was graduated Doctor in Medicine, Aug. 20, 1813. His inaugural dissertation was entitled "Experiments on the production of Animal Heat by Respiration." It was published, and called forth a paper in reply, from Mr., afterwards Sir Benj. C. Brodie, entitled "Remarks on Dr. Hale's opinions on Animal Heat." It appeared in the London Medical and Physical Journal. It was occasioned by Dr. Hale's statement that he had repeated Mr. Brodie's experiments, and had met with very different results. Mr. B. objects that Dr. H.'s experiments were not "exact repetitions of his." Dr. Hale meets the objections in detail, and replies to them with perfect courtesy, but with arguments which seem to show very satisfactorily that the alleged differences in the details of the experiments, in the animals used, and the omission of certain processes employed by Mr. Brodie, do not at all invalidate his conclusions. This discussion of some of the most important and obscure physiological phenomena, by a scholar and physiologist, and a medical student just graduated, and the importance attached to his earliest professional work, show how faithful had been our friend to study, and how successful he had been in the use of the best means of medical knowledge.

Dr. Hale went to Gardiner, in the then District of Maine, and there began the practice of his profession. It was his great privilege to form an acquaintance with a gentleman of fortune, who had devoted the leisure of a long life, and a highly cultivated mind, to the study of medicine and of its collateral sciences. I mean Dr. Benjamin Vaughan. Dr. Vaughan had an excellent library, and enjoyed a large correspondence with the scientific men of England. Dr. Hale had access to these treasures of useful knowledge, and was faithful in his use of them. His attention was strongly attracted by the meteorological phenomena of the new region of his residence. He studied the climate—its temperature, which for coldness far exceeded any he had before known—the clouds, the winds, the rain, and made careful note of his observations. In a winter of extreme severity, Dr. Hale, with his aged friend, the philosopher above named, watched with intense interest the descent of the mercury in the best instruments which England could afford. Dr. H. placed one on the top of a mast of a vessel, to compare its markings with others on a level with the water. The mercury descended steadily, and just as it was reaching its own freezing point, some clouds appeared in that till then brightest of northern skies, and at once the mercury began to rise, and thus disappointed our observers in a result which had never occurred in that region.

This anecdote is recorded because it has important relations with the succeeding history. There is another reason: meteorology has been

studied by all civilized ages for its intimate connection with the health and longevity of countries, and particularly with a view to learn the causes of wasting diseases. The writings of Hippocrates are full of meteorological inquiries and records. In one of his works of great interest, entitled "Of Air, of Water, and Situation," this subject has special notice. Tacitus also has much to this point in his account of epidemics; and Sydenham, in his invaluable writings, dwells on the "Constitution" of seasons as among the circumstances which determine their healthfulness, or produce epidemics. Dr. Hale, indeed, in a work to be mentioned presently, in allusion to the interest so long taken in this subject, shows that from our entire ignorance of the precise atmospheric constitution which may determine the production of special diseases, we have as yet learned little concerning its agency. Still his earnest devotion to the subject manifests strongly his desire to learn what that agency may be. He seems never to have lost sight of this subject; for when he came to Boston, and entered into new and wider fields of professional duty and interest, he still found time to pursue his old study of the skies, and their phenomena, and daily to make record of what he observed. So much did he continue to think of this matter, that he received an appointment from the American Academy, of which he was a most zealous member, to keep for its communications meteorological tables, embracing the most valuable points, and which have been regularly published in its Transactions.

An epidemic called spotted fever, which had visited much of the interior of New England, and which everywhere had been very fatal, appeared in Gardiner, and at once arrested the attention of Dr. Hale. His friend, Dr. Vaughan, also took a deep interest in the subject. Dr. Hale examined this disease with the greatest care, both in regard to itself, and to the various circumstances which might have influenced its character. He made daily record of the cases which came under his care or observation, and especially observed the results of treatment. Here were materials for a very important work on the epidemic, and Dr. H. availed himself of them, and soon published an octavo volume* of between two and three hundred pages, which justly takes its place among the best works in this department of medical literature. In a contemporary medical periodical occurs the following passage in a review of Dr. H.'s work.

"Dr. Hale, in his history of the epidemic which appeared in the town of his residence in 1814, has given a careful and exact report of his clinical experience with the disease. This work, when compared with others which bear a similar title, is distinguished by the minuteness and fidelity with which the author has recorded his observations, and the industry with which he has extended them during a course of active and laborious professional duty. As a perspicuous and philosophic history of a disease, it will be a valuable accession to the library of the medical practitioner."[†]

* "History and Description of an Epidemic Fever, commonly called Spotted Fever, which prevailed at Gardiner, Maine, in the spring of 1814. By E. Hale, Jr., M.D., M.M.S.S., &c."

† New England Medical Journal, vol. viii., 1819, p. 184.

The next contributions of Dr. Hale, of considerable extent, were two dissertations which received the Boylston Prize in Harvard University—the first in 1819, “On the Communication between the Stomach and the Urinary Organs,”; the second in 1821, “On the Propriety of Administering Medicine by Injection into the Veins.” These Dissertations were both of them founded on experiments, and the last has the singular interest of presenting the effects of injecting a cathartic medicine, castor oil, into the veins of a human subject, and he the author of the Essay. Dr. Hale was not aware, when he made his experiment, that any similar one had been made. He learned afterwards that Fabricius and Smith had made a like one. There was little, however, in their experiment to teach him what to expect from his, or to diminish any apprehension he might have had of its results. He injected about half an ounce of oil into a vein in the left arm. The following are his conclusions.

“‘From a review,’ says Dr. Hale,* at the conclusion of the detail of his experiments, ‘of the observations which have been presented, I think it may be regarded as established, that *in general*, the operation of emetics and cathartics on the stomach and bowels is the same when they are injected into a vein, as it is when they are received into the stomach, with the exception that their action is much more speedy and energetic. In my own case, although no cathartic effect was actually produced by the oil that was thrown into the vein, yet the injection was followed by symptoms which are the natural result of an insufficient dose of a mild cathartic. Even the subsequent costiveness might naturally enough be ascribed to this cause. It was my intention, when I began this experiment, to have provided a perfect standard of comparison for the action of the oil in the bloodvessels, by taking the same quantity into the stomach, as soon as the effects of the first had wholly passed away. But those who know the reluctance which we unavoidably feel to encounter anything which has been the medium of inflicting a considerable degree of suffering, will not be surprised that I have little inclination to pursue the experiment. As it is, the effect on the bowels, although it was incomplete, was too decided and characteristic, to leave any room to doubt that it was produced by the oil. And this conclusion is entirely in accordance with the results of the numerous experiments of Orfila, Brodie and Magendie, on the smaller animals.’ Pp. 125, 126.”

Notwithstanding this, however, Dr. H. concludes against the safety and propriety of the practice in the human subject.

His next published work is entitled “Observations on the Typhoid Fever of New England. Read at the annual meeting of the Massachusetts Medical Society, May 29, 1839. By Enoch Hale, M.D., Attending Physician to the Massachusetts General Hospital.” The object of this discourse may be learned from the following extract. “Since the close of 1835, as well as for the two or three years preceding, the observations made at the Massachusetts General Hospital, and some cases observed in private practice, enable us to collect a considerable number of

* New England Medical Journal, vol. xi., p. 174.

facts in relation to this additional branch of inquiry. The results of these observations I now offer to the Society." Following this are the facts, the observations, and the inductions, which constitute the work an important addition to our knowledge of typhoid fever. What more important service can a man render to science, than to verify in new regions the observations made in others, concerning the most common, and grave diseases—to point out with entire accuracy any modifications which may exist in diseases mainly the same, the chances of life, the appropriate treatment? Dr. Hale has accomplished his purpose in this work with the same fidelity to fact, and sound reasoning, which characterizes all his other efforts to promote medical science. It will be perceived that Dr. Hale was one of the medical officers of the Massachusetts General Hospital when he wrote his *Essay on Typhoid Fever*. This fact is recurred to in this brief historical sketch of his life, because it is among the evidences of the estimation in which he was held here by the Trustees of that noble institution—men whose confidence in others is most justly respected by the community to whose service they fully and cheerfully devote so much time. Besides the writings here enumerated, Dr. Hale was constantly offering to the profession medical papers in the different Journals and Reviews in the country, on subjects of professional and public interest. Few amongst us have done more than he has in this way to benefit his profession, and especially to show how strong has been his interest in good and useful science, and how faithful his effort to promote it. To one of these papers reference may be very properly made. It is entitled, "*Remarks on the Typhus Fever of this Climate*," and was published in the *Medical Magazine*, Vol. II., Dec., 1833. This is a paper of great interest. It gives the anatomical lesion of typhoid fever, the inflammation of Peyer's patches, with great distinctness, describing them in their usual situation in the neighborhood of the cæcum. This paper contains the case of Spurzheim, who died in Boston of the fever under notice. Many other cases are given, with the morbid appearances when death occurred. The lesions compare remarkably with those described by Louis in typhoid, and show how nearly related are the fevers of Paris and of Boston. Dr. Hale's paper is among the earliest, if not the very earliest, contributions to the pathology of fever in which its specific, the anatomical lesions, are distinctly pointed out, amongst us.

Dr. Hale left Maine and came to Boston, and at once entered on the duties of his profession here. He was appointed a physician to the Boston Dispensary, a most excellent institution, which has been alike useful to those for whose benefit it was established, and to the medical men attached to it. Relations were formed at that early time in his career, many of which survived long after the service ceased, showing how grateful the service had been. How many of those who now fill the highest places in the public confidence, and who have most largely known its results, may look back to the early days and nights of toil, of care and anxiety, of dispensary practice, as the starting point of their best practical experience, and as the real source of their present elevated position? When they and Dr. Hale had charge of the sick poor, the town was di-

vided into but two or three districts, and the medical attendant had a very large service assigned him. But they went through it as thoroughly and as faithfully as others now do, who have comparatively a smaller public burthen upon their hands.

Any enumeration of the labors of Dr. Hale for his profession, and the public, would be imperfect, if his services to our Medical Society were left unnoticed. In this labor was his great pleasure. He gave himself to the interest of the Society without stint of time or reserve of effort. He thought its success was the best security of the community from irregular and uneducated medical aspirants. He saw in it a great association of the scientific men of the Commonwealth. He knew that the Society had always been ready, in every public emergency which had demanded its interest, to do all in its power for the public good. Vaccination at once received its attention, and authority. The Asiatic cholera also was made an object of its special and laborious inquiry. Dr. Hale saw in the Society a scientific police, ever watchful for the best good of the State—for that of the individual, by seeing that medical education was provided for; and for that of the people, by timely learning the best means of the widest and most permanent public health. Dr. Hale, in his labors for the Society, had often more at heart, it may be, than at the moment occupied some of his colleagues, and may have disturbed individual serenity by the effort he made to carry his object. But even here, when you analyzed his purpose, and his method, you could hardly fail to see that they deserved the care bestowed on, and the interest demanded for them. You might feel weary at the detail, and wish the work over; but you could hardly fail to see that it was necessary, and that he who did it deserved your thanks. We all know at what cost this labor, which had its whole reward in itself, was done by Dr. Hale. His eyes were so much injured by it, that they at length became almost useless, so that in his latest years he hardly used them at all. Thus at a time of life when experience and observation had done most to enable him to do important works for his profession, and which his literary habits so well fitted him to accomplish, he sat in his study with his tools around him, unable to take them in his hand, or to record what the busy day had made his own. It was a faithful service to his whole profession, this devotion of our friend to the Society. How cheerfully would his friends have rewarded it, by placing him at the head of the Society! How honored is it in the remembrance and the gratitude of those who recognized it in his life, and who do not now forget it at his tomb!

Few have practised physic amongst us under circumstances of so much difficulty as has Dr. Hale. For years he has suffered from what he regarded a neuralgic affection, which made pain, and often very severe pain, his constant attendant. He did not complain of it, and he never omitted active duty for it. You saw him in all seasons, and at all hours, in the streets, and at work as if nothing troubled him. At times dropsical effusions occurred in his lower limbs, the seat of his neuralgia, and added greatly to his discomfort. As the disease made progress, other symptoms were developed. The heart became disturbed in its functions, and breath-

ing began to be embarrassed. These and other contingent or sympathetic affections rapidly succeeded each other, and made active life more or less constantly painful. At length great suffering came on, especially at night, making it necessary to resort to various treatment to procure rest. Opium was used, and chloroform, and electro-magnetism, and from each benefit was derived. Nothing which occurred kept him from his daily work. He omitted no duty which it was possible for him to perform. On the Tuesday before his death, and in his great infirmity, when the slowest walking almost deprived him of breath, he went to the polls and voted. He went as a citizen to do his most important duty to the State. He went in the conviction of the sacredness of that public office, and performed it. I honor him for it. I ask not how he voted, whether with me or against me. I honor such an act, because to him it was right—and was done amid circumstances which gave to it dignity, and claimed for it reverence. It was only three days to his death hour, that he omitted his visits to the sick. These were his latest efforts. Were they not among his best? A very short time before his death, Dr. Hale stopped at a friend's house to rest. He had walked too far, and could go no farther. When rested, he rose to depart. His friend asked to go with him. At first he refused, saying it took him a great while to walk home, and he would not fatigue him. His friend, however, went. He offered his arm. "O no," said the doctor, "you cannot keep step with me, and the least jar affects most painfully my breathing." The street was crowded, and people at times brushed against him, and so feeble was he that he would be turned quite round by the slight shock. "See," said he, "what a feeble body am I; that little child almost upset me." You see, here, reader, how great was the bodily infirmity, but how manly was the spirit. There was no complaint in a word that was said. On the contrary, it was uttered with a smile. It was in so much weakness he worked almost to the day of his death. It was death only which took him off from his daily, painful, wearisome toil.

It is hardly necessary to say a word of the character of Dr. Hale. It is in his life. In his written word. In his daily work. He was a man of courtesy and true kindness. He recognized the claims of others, and satisfied them. He was a gentleman. He was a decided man. He formed his opinions carefully, and he kept them. If his were the "*tenacem propositi*," no one can say that the *justum* was far away from it. You may say that he was dogmatic in the earnestness of his devotion to what he believed truth; but you will not call him unwisely or unjustly prejudiced. Dr. Hale was very well informed in his profession, and with what was related to it. He was a thinker as well as a student, and we have seen in what good works these essential conditions of scientific and literary character resulted. He was faithful to the claims of the sick, whatever their social position. He abhorred quackery, and this whether of ignorance or of learning. When found with the latter, he could not always separate from it the idea that the quackery was assumed for other than the most honorable or useful purposes, and he treated it accordingly. Dr. Hale was an honest man. He was honest in

sentiment and in purpose. He had little or no tolerance for what he thought unfair; and any believed misuse or abuse of trusts he resolutely opposed, however active or however strong was the agency by which the wrong was attempted to be consummated. These were not the elements of popularity. You could hardly make a very popular man out of such. But for the honor and exceeding praise of humanity, there are men who have found something better worth living for than the present fame—men who are happy and satisfied to do that which may live after them, and the memory and the use of which can only be for good. Dr. Hale enjoyed life—the best thank-offering for living. He was social, and hospitable, for he would contribute to the pleasure of others, as well as his own. He was always cheerful, because he was truly hopeful. He looked on the bright side of disease in himself and in others; and if he labored so well for their recovery, he never questioned his own.

Dr. Hale was a religious man. In the development of the religious sentiment was his power. It was kept active by habitual, daily devotion. It influenced his whole life, making him an earnest student and a faithful practitioner—giving him strong interest in all wise effort to extend Christianity in distant lands, and by his example recommending to others the religious life. In his religion was his benevolence, which with very narrow fortune led him to attempt and to accomplish most important objects. In this was his cheerfulness in suffering and all trial; and out of his religion came the peace and the hope of his death hour.

Dr. Hale will be long remembered by those to whose "sick service" he was most faithfully devoted. He will be remembered by his profession, for his many and valuable contributions to its literature. And they, too, will bear him in faithful memory, who for so many years have met with him once a month, "to interpose a little ease" in the midst and pressure of professional duties which tax alike body and mind, making sacrifice the rule of the physician's life, and giving an interest and a pleasure to the excepted hour, which the men of other callings hardly dream of.

Dr. Hale, it has been seen, was in active business till within a day or two of his death. The neuralgia and anasarca disappeared when the thoracic symptoms manifested themselves. From this time his sufferings were mainly referred to the chest, the heart and the lungs being the seat of most pressing disturbance and suffering. An examination was made of his body after death. The lesions were great and numerous. Among these were *Bright's kidney*. It will be recollected that œdema disappeared entirely after thoracic disturbances occurred. Now œdema is commonly associated with the granular kidney. The *liver* was much diseased. It was small, dense, and somewhat resembling cirrhosis. In the *heart* was found hypertrophy of the left ventricle, and the *foramen ovale* was open, and admitted the little finger. In the right side of chest, were found sixty-eight ounces of serum, with a trace of lymph. Old pleurisy existed in the left side, or its results, a firmly compressed lung, and about twelve ounces of serum. No other lesions were discovered.

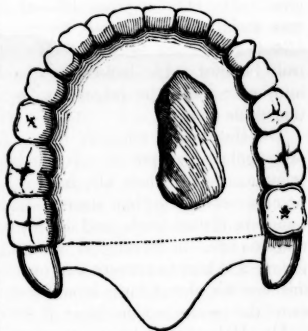
W. CHANNING.

CASE OF CONGENITAL FISSURE OF THE PALATE.

[Communicated for the Boston Medical and Surgical Journal.]

MR. F., of N. Hampshire, aged 18, applied to me, in the autumn of 1846, with a congenital fissure of the palate. His voice had the sound peculiar to these openings, causing the patient much mortification; articulation was very indistinct, and at times, unintelligible. During deglutition food and liquids passed freely into the nose; and the nasal secretions were continually passing into the mouth.

He had applied to a distinguished surgeon, who informed him that the opening could not be closed by a surgical operation. The opening extended nearly the whole length of the hard palate, being in extent one and a half inches, and varying in width from three fourths of an inch to a point, the point being forwards. The hard palate did not have its normal direction, but was inclined upwards at its anterior portion at an angle of forty-five degrees. The direction and shape of the opening will be understood from the accompanying wood-cut. The edges of the opening



were smooth, varying in thickness from an eighth to one fourth of an inch.

The object in this case was not only to close the congenital opening, but to restore a normal direction to the roof of the mouth. A model was taken of the parts, of the following shape—the top of the figure showing the upper edge in the nasal cavity, and the bottom the lower edge in the oral cavity. From this impression a mould was made; and in this mould a mineral paste placed, which was afterwards taken out, enamelled the color of the mucous membrane, and baked. In order to compensate for the shrinking of the paste in the process of baking, a longitudinal section and several transverse sections of the model were made, and a strip added of sufficient thickness to remedy this.



Immediately on the insertion of this artificial palate, the voice was very much improved; and continued to improve while the patient was under my care, and now is very nearly natural. A close examination was necessary to distinguish this from the natural palate. The difficulties of deglutition, &c., were completely removed. Its small anterior extremity allowed it to be inserted easily; and the portion above the neck, or constriction caused by the edge of the opening, being larger than the portion below, firmly retained it in place. In order, however, to prevent its inclining backwards from any incidental relaxation of the soft parts, pre-

caution was taken, before the hardening of the preparation, to make a hole opposite to the first molar teeth for the insertion of a vertical screw, to which might be fixed a horizontal narrow gold band, attached by a clasp to the first molar teeth. This apparently complex, but really simple apparatus, could be easily removed and replaced by the patient.

It has now been in use nearly two years, and, as I am informed, to the perfect satisfaction of the patient. The models and a duplicate specimen of the apparatus will be shown with pleasure to any one interested in oral deformities.

Boston, Nov. 1848.

W. T. G. MORTON,
19 Tremont Row.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 22, 1848.

Medical Literature in Europe.—Since the commencement of political commotions in France, in February last, there has been a palpable falling off in the productions of medical literature. The amount is both small and weak, compared with that before the revolution. The causes which have thus interrupted the steady progress of medical inquiry and the higher orders of philosophical research in France, have obviously been extended over the continent. How is it possible for men to pursue calm and profound investigations, in the midst of national conspiracies, the bombardment of cities, and the trampling of war horses, in places formerly distinguished for their repose and the regular administration of affairs? Thus Germany, in the nature of things, will not exhibit, the present year, any approach to the professional activity of former times, for the reason that the nation is convulsed by the throes of a mighty struggle for liberty. All the Journals from these countries bear indications of the condition of society. There is a hurried manner about them, that shows that it is a bad time for reflection on topics which should alone occupy their pages. Cases illustrative of the skill of the surgeon, and hospital reports, are as graphic and instructive as ever; but those deep, elaborate, and often captivating dissertations, from a class of journalists who have been in the habit of giving the leading articles in foreign medical periodicals, have certainly lost some of their ardor and vividness. Whenever peace reigns within their borders, the same class of minds, it is hoped, will again pour out the rich accumulations of their experience and powerful intellects.

It is to some extent, in many parts of Europe, a distinct business to provide scientific periodicals with matter, upon the same principle that writers on general literature furnish columns for prominent quarterlies and magazines. Those who criticize keenly, severely, or even candidly the productions of others, are not themselves always good surgeons, eminent physicians, or master spirits in any branch of science, however dictatorial or commendatory they may appear in their lucubrations. They are paid for praising or condemning—and such is most of the controlling medical literature abroad. As a general observation, there is soundness, discretion, and a respectful tone in the analyses of authors; but, if those who sometimes

set the elements of wrath in motion by their severity, were seen by the authors who feel themselves abused, their youth, and the discovery of the fact that they were merely hirelings, not always capable of judging correctly upon points in which a tone of authority is manifested, would turn the feeling of wounded pride into one of contempt. It is hoped that the time will not soon arrive among us when our running medical literature will be fashioned according to the prices paid for services rendered.

Old Authors—The Sydenham Society.—In this bustling age, when the community frowns upon a man who dares not place himself in the onward current with those who do everything in a hurry, the class of old authorities in science, and particularly in medicine, is hardly known to students. This is to be deplored, since one of the distinguishing characteristics of the venerable authors formerly studied by our profession, was their fidelity and accuracy in detail. Whatever they wrote, was believed by them to be true; and many of the works that have come down to us, from the time of Harvey to the beginning of the present century, are mainly the records of facts, and such as may be depended upon. Those who have the curiosity to search the pages of ancient books on any branch of medicine—and patiently follow the statements, constituting a preponderating part of each, must admit that close observation, thorough scholarship, and an ardent devotion to the claims of humanity, was a prominent element in most of them. A striking difference is perceptible between the fathers of medicine, who, through their quaint treatises, speak from the grave, and the elegant and accomplished book-makers of the present day. The first had but few theories, while the latter abound in them. They related cases, and specified remedies, as far as they were positively ascertained. We have a multitude of theoretical writers, who scarcely appear to make use of such substantial things as facts, to sustain positions.

Considerations, based upon reflections of this kind, in regard to the intrinsic value of old authors, must have led to the organization, in London, of the Sydenham Society, which is actively reproducing those buried and forgotten treasures to which we have alluded, in new and inviting forms. What are the conclusions to which the reader of the Sydenham publications is brought? That we are not so wise as we moderns vainly imagine, no so original as we pretend. In surgery, some striking advances have been made; particularly in operations on the eye, in the excision of diseased bones, in the management of ovarian tumors, &c. Yet, on turning back to a period that is remote in the history of the art, both the old French and English surgeons are found to have performed operations perhaps as remarkable as any in the annals of modern progression. For this reason, and as showing, too, where advances have really been made in medical science, it strikes us that the republication, by the Sydenham Society, of a series of old surgical authors, of the highest order in the estimation of their cotemporaries, will have a beneficial influence.

Monkshood.—If the various officinal preparations of this plant actually possess the extraordinary medicinal properties ascribed to them by some practitioners, it is surprising that an attempt is not made to supply the demand at a cheaper rate. The extract, when prescribed and furnished by some who have succeeded in establishing an unwarrantable reputation for

managing diseases of the eye, is the dearest article in the materia medica. Attempts were made by the Canterbury N. H. Shakers, some years since, to raise this article, but without success, and the effort was abandoned altogether. Some question has arisen in regard to the species to be employed. By referring to Dr. Griffith's edition of Christison's recently published Dispensatory, all that is essential to know on that point is clearly defined.

Aside from the mysticism that evidently plays an essential part in the practice of certain empirical eye doctors, the aconite which they use is a medicine that demands the special consideration of physicians. In neuralgic affections, particularly, some recent observations lead to the conclusion that it is a very potent and reliable article, whose real value, in the fickle, rheumatic climate of New England, may be found greater than has been heretofore suspected. Of the tincture, as an external application to acutely painful limbs and inflamed joints, when other applications are abortive, much may be said in praise of its efficiency.

Cases of Hydrophobia.—Mention was made, last week, of a case of this disease at Lowell, in this State. We learn from the papers, that the young man who was the subject of it, has since died. Some account of the case we have condensed from the Lowell Courier, but hope to receive a more full report from some one of the attending physicians.

"Mr. Bardwell was bitten by a strange dog in the store of Shapley & Farrington, on the 29th of July. He was about 18 years of age, of strong, robust frame, and esteemed for the rarest personal virtues. He was bitten slightly upon the right wrist, in attempting to secure the dog to tie him. The wound drew blood, but nothing particular was done, although he was advised to use some precautions, to protect him from possible consequences. The wound healed readily, leaving a scar. It is stated that he has occasionally felt pains in the wounded arm; but it was not until last Sabbath that this was severe enough to induce any particular attention to it. On that day he took a bath. On Monday, his arm still paining him, he bathed it in alcohol. On Tuesday morning he again took a warm bath, and felt much better. About four o'clock in the afternoon, however, the first spasm attacked him, caused by the sight of a glass of water. This was a quick spasmodic shudder, an involuntary drawing back. It appears that he has long entertained the belief that he would ultimately die of hydrophobia, and has been known to exhibit much distress of mind from this anticipation. The first spasm, following the pain of his arm, satisfied him that his time was come; that death in its most horrible form was approaching. From this time the fearful spasms continued to increase in violence up to a short time before his death, becoming finally frightfully violent, and almost passing belief in the powers of the human frame. So frantic were his struggles that it required the united strength of eight men to restrain him; and had he not finally been secured otherwise, it would scarce have prevented his doing injury to himself and others. Chloroform was employed yesterday with success; and he was enabled, with great effort, to swallow a small portion of water; but the spasms returned with increased violence, until he finally sunk away, exhausted, in death.

"Dr. Graves was first called to attend the case, and a number of our best physicians were also in close attendance, and everything was done which skill and experience could suggest, but without avail. The disease

progressed with extraordinary rapidity, manifesting its first active symptoms on Tuesday afternoon, and terminating in death early on Wednesday evening."

A case at Elkton, in Maryland, has also lately occurred, which is similar in many respects to the above, and was described, before its termination, as follows. The patient, Mr. Hutton, was bitten on the hand two or three weeks since. "The dog was not supposed to be mad at the time, but soon after discovered indubitable signs of the hydrophobia, and was killed immediately, but not until it had bitten another dog and a cat, the latter of which went mad directly, when both the bitten animals were despatched. It is now the 6th or 7th day since the symptoms manifested themselves. All the medical gentlemen in town visited him on Thursday, but they were prevented from doing anything for his relief. Their very presence, together with the necessary inquiries put to him, touching his condition, was sufficient to throw him into the most violent spasms. They attempted to administer chloroform, but his spasms were so violent that they were compelled to desist, and death must speedily put an end to his miseries. In the brief lucid intervals between his spasms, he talks with his friends, telling them that he is aware that he cannot survive, and that he is resigned to his fate. His hands are secured and covered with stout gloves, so that he cannot injure himself or others. Being a stout, athletic man, his spasms are of the most violent character, but he has offered no violence as yet to the many persons who have called to see him. He takes nothing to sustain nature, for the reason that he is unable to swallow anything. The importunities of friends induced him to eat some boiled fowl, on Thursday, but after making the effort he put it from him, being unable to swallow. Soup, tea and coffee were offered him, but he shuddered at the sight of them, and ordered them not to be brought near him."

Medical Appointments.—We learn with regret that Dr. Cullen, Professor of the Theory and Practice of Medicine in Hampden Sydney College, has been obliged to relinquish the duties of the chair for the present, on account of indisposition. The institution has been fortunate, however, in obtaining the services of Dr. Meredith Clymer, of Philadelphia, for the present session. Dr. Clymer is an accomplished and well-read physician, was formerly editor of the Medical Examiner, more recently Professor of the Practice of Medicine in the Franklin Medical College of Philadelphia, and is advantageously known to the profession by his valuable contributions to medical literature.—*Med. Examiner.*

From the New Orleans Medical and Surgical Journal, we learn that Dr. Boling has accepted the appointment to the Chair of Materia Medica and Therapeutics in the Memphis Medical College. We do not know how a better selection could have been made, and wish Dr. B. every success in his new office and location.—*South. Med. and Surg. Jour.*

Professor F. H. Hamilton has resigned his appointment as Professor of Surgery in the Geneva Medical College. James Bryan, M.D., of Philadelphia, has been appointed to fill his place. Professor H. M. Bullit has resigned his appointment as Professor of Physiology and Medical Jurisprudence in the Medical Department of the St. Louis University, and R. S. Holmes has been appointed to succeed him. W. M. M'Pheeters, M.D.,

one of the editors of the St. Louis Medical and Surgical Journal, has been appointed Professor of Clinical Medicine and Pathological Anatomy in the same institution.—*N. Y. Jour. of Med.*

Medical Miscellany.—In the town of Lunenburg, Mass., containing a population of 1275, there are living thirty persons whose aggregate ages amount to 3929 years, averaging over 78 years each. Two of these are between 90 and 95 years. Seventy-five persons, or 1-17th of the whole population, are 70 years of age and upwards.—A little Dutch dwarf, Jan Hannema, is making his fortune in London by his extreme smallness. He is 9 years of age, 28 inches high, and weighs 16 pounds.—Miss Armistage expired suddenly on Friday evening, at Birmingham, Eng., at the rooms where she had been exhibiting, in New street. She weighed 31 stone 11 lbs. (445 lbs.), was 4 feet round the waist, 6 feet round the bust, 7 feet round the hips, and 22 inches round the upper part of her arm.—Air-tight coffins are manufactured out of Gutta Percha. This article also bids fair to be extensively used in electrical apparatus, on account of its excellent non-conducting power.—Dr. Mandeville, of Manhattan, N. Y., in consequence of the giving way of the floor, at a political meeting, was plunged, with others, into a cellar, and had one leg so badly injured that it was amputated.—A fine class is in attendance at the Medical School in Boston.—Several cases of smallpox have occurred in the city of Worcester.—The Connecticut Courant mentions a treat of grapes lately given to the faculty and medical students at New Haven.—A dental library is forming in New York, the property of the society of dentists, which bids fair eventually to become exceedingly rich in works of merit.—The cholera is making rapid and fatal progress in Königsberg. On that account, and in order not to keep the inhabitants exposed to the cold air, the civic authorities dispensed with the contemplated illumination in honor of the king's birth-day.—The mortality in Berlin is very great, even when cholera cases are not taken into account. One journal accounts for this circumstance, on the ground that care, anxiety, and apprehension of coming events, are making many victims.—Mr. Whiting writes from Abeik, in Syria, September 5th, that the cholera has made fearful havoc at Damascus, carrying off from 6000 to 10,000 souls. It has also made its appearance at Beirut, but the missionaries were upon Mount Lebanon. His accounts from Aleppo and Aintab are favorable.—Rumor says there are now five hundred medical students in New York—even more than in Philadelphia.—Mr. Goodwin's splints are on sale at No. 66 Union street, Boston. The maker of them is still introducing improvements of acknowledged importance.—Mr. O. Clapp's Quarterly Homœopathic Journal may be expected, according to promise, in January.

TO CORRESPONDENTS.—Several communications, intended for this number, have been necessarily deferred till next week. There are now on hand, Professor Shipman's Case of Excision of part of the Lower Jaw, Dr. Collins's Address before the Manhattan Medical Association, Dr. Castle's paper on the Asiatic Cholera, and one on the treatment of Asthma. These will be inserted, if not room for all in a single number, in the order of their reception.

In answer to several requests to the editor to forward the volume of Transactions of the American Medical Association, we would state that only one copy has been received at this office, and it is believed none are on sale in Boston. The only mode of obtaining copies known to us, is that mentioned on page 246 of this Journal.

MARRIED.—G. L. Collins, M.D., of Providence, R. I., to Laura S. Capron, of Worcester, Mass.—At Buenos Ayres, Dr. Jacob Tewksbury, of Maine, to Miss E. Sutton.

DIED.—At Dunbarton, N. H., Dr. James Stark, accidentally killed while hunting.

Report of Deaths in Boston—for the week ending Nov. 13th, 68.—Males, 35—females, 33.—Of consumption, 11—typhus fever, 4—scarlet fever, 8—lung fever, 2—dropsy, 1—dropsy on the brain, 4—convulsions, 3—teething, 5—infantile, 6—measles, 1—debility, 4—accidental, 3—hooping cough, 2—canker, 1—hemorrhage, 1—smallpox, 2—disease of the heart, 1—suicide, 1—marasmus, 1—apoplexy, 1—inflammation of the lungs, 1—drowned, 1—intemperance, 1—cholera infantum, 1—old age, 1—throat distemper, 1.

Under 5 years, 34—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 8—over 60 years, 6.

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